

COMMERCIAL USE AUTHORIZATION APPLICATION FORM

New River Gorge National River
Gauley River National Recreation Area
Bluestone National Scenic River
P. O. Box 246, Glen Jean, WV 25846
Phone: 304-465-6517

CUA # _____

Applicant Name: _____

Organization's Tax Information Number: _____

Organization Name: _____

Complete Address: _____

Phone Number: _____ Fax: _____ Email Address: _____

As an applicant, are you? (Mark one box with "X")

☐ Individual

☐ Corporation

☐ Partnership/Association

☐ State Government/State Agency

☐ Other, explain: _____

If you are an individual or partnership, are you also a citizen(s) of the United States?

☐ Yes ☐ No

Note: If organization is claiming non-profit status, documentation verifying federal tax exemption status must be provided.

Please Attach The Following Additional Information:

1. Current Brochures (two examples, if applicable)
2. Advertising Materials
3. Description of client charges and fees (what client fees cover). Attach Rate Sheet
4. Documentation of Insurance Coverage (Certificate of Insurance) meeting NPS CUA requirements
5. Assumption of Risk Form (if used)
6. Description of Proposed Service. Please include: season or main period of operation, who is your client/audience, services offered to clients, location, frequency, party size, does this service include the use of motorized equipment or stock animals?
7. Trip Itineraries
8. Guide Identification. Please identify all guides who would be working under your authorization. Attach copies of current resumes for Lead Guides. (Include a statement addressing your requirements for employment, staff training programs, etc. Include a copy of guide's current CPR/First Aid cards. Notification must be given in writing of any staffing changes during your operating season.)
9. Safety Plan. (Including, but not limited to evacuation and emergency procedures, contact points, use of cellular phones, first-aid equipment and training, etc.)

Have you ever, or are you currently providing commercial services under a license/permit issued by a state or federal land management agency? If "yes", please indicate the agency (agencies), location(s), dates, type of service offered, and all previous names used in these operations.

☐ Yes ☐ No

I HEREBY CERTIFY that I am of legal age and authorized to do business in West Virginia and that I have personally examined the information contained in this application and that this information is correct to the best of my knowledge.

Applicant's Signature (Sign in Ink)

Date

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Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

Please return the completed application form to: Program Specialist, Commercial/Special Park Uses, New River Gorge National River, P. O. Box 246, Glen Jean, WV 25846. Should there be any questions regarding this application or the CUA process, please contact the Program Specialist at 304-465-6517.

ADDITIONAL INFORMATION ON INSURANCE AND INDEMNITY: Minimum Requirements

The following is general information regarding insurance and indemnity requirements. Exact insurance requirements and liability minimums, specific to your proposed commercial service activity, are noted below.

A. GENERAL. The CUA holder shall save hold harmless, defend and indemnify the United States of America, its agents and employees for losses, damages or judgements and expenses on account of fire or other peril, bodily injury, death or property damage, or claims for bodily injury, death or property damage of any nature whatsoever, and by whomsoever made, arising out of the activities of the CUA holder, and his/her employees, subcontractors or agents under this authorization. The types and amounts of insurance coverage purchased by the CUA holder shall be approved by the Superintendent. The CUA holder shall, annually, or at the time insurance is purchased, provide the Superintendent with a Statement of Concessioner Insurance and Certificate of Insurance as evidence of compliance with this section and shall provide the Superintendent thirty (30) days written notice of any material change in the CUA holder's insurance program hereunder.

The Superintendent will not be responsible for any omissions or inadequacies of insurance coverages and amounts in the event the insurance purchased by the CUA holder proves to be inadequate or otherwise insufficient for any reason whatsoever.

B. PUBLIC LIABILITY. The CUA holder shall provide Comprehensive General Liability insurance against claims occasioned by actions or omissions of the CUA holder in carrying out the activities and operations authorized hereunder. Such insurance shall be in an amount commensurate with the degree of risk and the scope and size of such activities authorized herein, but in any event, the minimum limits of liability shall be **\$500,000** covering bodily injury and property damage. If claims reduce available insurance below the required per occurrence limits, the CUA holder shall obtain additional insurance to restore the required limits. An umbrella or excess liability policy, in addition to a Comprehensive General Liability Policy, may be used to achieve the required limits.

From time to time, as conditions in the insurance industry warrant, the Superintendent reserves the right to revise the minimum required limits.

All liability policies are to specify that the insurance company shall have no right of subrogation against the United States of America or shall provide that the United States of America is named an additional insured.